BANK COPY (To be sent to BANK OF INDIA. Tardeo Branch. Mumbai-34) **MAHARASHTRA STATE** Building & Other Construction Workers Welfare Fund Account.	**BANK COPY** (To be sent to BANK OF INDIA. Tardeo Branch. Mumbai-34) **MAHARASHTRA STATE** Building & Other Construction Workers Welfare Fund Account.	**REMITTER'S COPY** (To be sent to Secretary. Maharashtra Building & Other Construction Workers Welfare Board, Commerce Centre. Tardeo. Mumbai-34). Along with Form-I or List of Beneficiary. **MAHARASHTRA STATE** Building & Other Construction Workers Welfare Fund Account.	**REMITTER'S COPY** (To be sent to Secretary. Maharashtra Building & Other Construction Workers Welfare Board. Commerce Centre, Tardeo. Mumbai-34). Along with Form-I or List of Beneficiary. **MAHARASHTRA STATE** Building & Other Construction Workers Welfare Fund Account.
BANK OF INDIA Branch :- Code No. :- Date :-	**BANK OF INDIA** Branch :- Code No. :- Date :-	**BANK OF INDIA** Branch :- Code No. :- Date :-	**BANK OF INDIA** Branch :- Code No. :- Date :-
Paid into the credit of Maharashtra State Welfare Board for Building & Other Construction Workers Account No. **004220110000153** Bank of India, Tardeo, Mumbai-400 034. Rs……………(Rupees…………… ……………………………………….only) Denomination / Details of DDs Overleaf. Towards contribution of Beneficiary/Cess as per details overleaf. Signature of the Employer/Remitter alongwith address stamp/seal. 1. Outstation cheques will not be accepted 2. Fraction amount shall be rounded to Rupee only. FOR BANK USE ONLY. Received Rs………………………… (Rupees……………………………………… …………………..only) Cash/Cheque/D.D. Date………….. Cashier / Officer	Paid into the credit of Maharashtra State Welfare Board for Building & Other Construction Workers Account No. **004220110000153** Bank of India, Tardeo, Mumbai-400 034. Rs……………(Rupees…………… ……………………………………….only) Denomination / Details of DDs Overleaf. Towards contribution of Beneficiary/Cess as per details overleaf. Signature of the Employer/Remitter alongwith address stamp/seal. 1. Outstation cheques will not be accepted 2. Fraction amount shall be rounded to Rupee only. FOR BANK USE ONLY. Received Rs………………………… (Rupees……………………………………… …………………..only) Cash/Cheque/D.D. Date………….. Cashier / Officer	Paid into the credit of Maharashtra State Welfare Board for Building & Other Construction Workers Account No. **004220110000153** Bank of India, Tardeo, Mumbai-400 034. Rs……………(Rupees…………… ……………………………………….only) Denomination / Details of DDs Overleaf. Towards contribution of Beneficiary/Cess as per details overleaf. Signature of the Employer/Remitter alongwith address stamp/seal. 1. Outstation cheques will not be accepted 2. Fraction amount shall be rounded to Rupee only. FOR BANK USE ONLY. Received Rs………………………… (Rupees……………………………………… …………………..only) Cash/Cheque/D.D. Date………….. Cashier / Officer	Paid into the credit of Maharashtra State Welfare Board for Building & Other Construction Workers Account No. **004220110000153** Bank of India, Tardeo, Mumbai-400 034. Rs……………(Rupees…………… ……………………………………….only) Denomination / Details of DDs Overleaf. Towards contribution of Beneficiary/Cess as per details overleaf. Signature of the Employer/Remitter alongwith address stamp/seal. 1. Outstation cheques will not be accepted 2. Fraction amount shall be rounded to Rupee only. FOR BANK USE ONLY. Received Rs………………………… (Rupees……………………………………… …………………..only) Cash/Cheque/D.D. Date………….. Cashier / Officer

OVERLEAF

Name & Address of the establishment :-

Unit Code No. given by _____ Officer :-

Name the person responsible :-

Phone No:-

CONTRIBUTIONS OF BENEFICIARIES

No. of workers :-

Period of Contribution:-

Total Amount of Contribution:-

List of Workers along with Registration Number allotted by the Board enclosed to the Remitter's Copy sent to the Secretary of the Building & Other Construction Workers' Welfare Board, Mumbai

CESS

Plan Approval Authorities:-

Unit Code No. :-

Details :-

(Govt. Departments/Organisation) Engineer/Contractor:-

Estimated cost of construction:-

For the year.................................
(From .... to ....)
(Form-I, enclosed to the Remitter's copy sent to the Secretary of the Board)

Name & Address of the establishment :-

Unit Code No. given by Assesment Officer:-

Name the person responsible :-

Phone No:-

CONTRIBUTIONS OF BENEFICIARIES

No. of workers :-

Period of Contribution:-

Total Amount of Contribution:-

List of Workers along with Registration Number allotted by the Board enclosed to the Remitter's Copy sent to the Secretary of the Building & Other Construction Workers' Welfare Board, Mumbai

CESS

Plan Approval Authorities:-

Unit Code No. :-

Details :-

(Govt. Departments/Organisation) Engineer/Contractor:-

Estimated cost of construction:-

For the year.................................
(From .... to ....)
(Form-I, enclosed to the Remitter's copy sent to the Secretary of the Board)

OVERLEAF

Name & Address of the establishment :-

Unit Code No. given by _____ Officer :-

Name the person responsible :-

Phone No:-

CONTRIBUTIONS OF BENEFICIARIES

No. of workers :-

Period of Contribution:-

Total Amount of Contribution:-

List of Workers along with Registration Number allotted by the Board enclosed to the Remitter's Copy sent to the Secretary of the Building & Other Construction Workers' Welfare Board, Mumbai

CESS

Plan Approval Authorities:-

Unit Code No. :-

Details :-

(Govt. Departments/Organisation) Engineer/Contractor:-

Estimated cost of construction:-

For the year.................................
(From .... to ....)
(Form-I, enclosed to the Remitter's copy sent to the Secretary of the Board)

Name & Address of the establishment :-

Unit Code No. given by _____ Officer :-

Name the person responsible :-

Phone No:-

CONTRIBUTIONS OF BENEFICIARIES

No. of workers :-

Period of Contribution:-

Total Amount of Contribution:-

List of Workers along with Registration Number allotted by the Board enclosed to the Remitter's Copy sent to the Secretary of the Building & Other Construction Workers' Welfare Board, Mumbai

CESS

Plan Approval Authorities:-

Unit Code No. :-

Details :-

(Govt. Departments/Organisation) Engineer/Contractor:-

Estimated cost of construction:-

For the year.................................
(From .... to ....)
(Form-I, enclosed to the Remitter's copy sent to the Secretary of the Board)